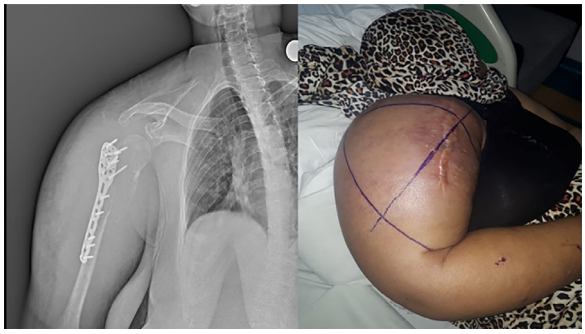
PP 15

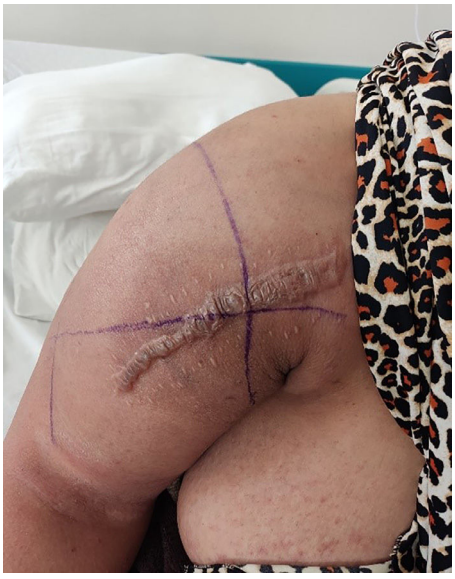
DEVELOPMENT OF GIANT PLASMACYTOMA IN A PATIENT WITH BONE MARROW RESPONSE DURING TREATMENT: A CASE REPORT

Rafiye Ciftciler [1], Serhat Sayın [1], Mehmet Daglı [1]

[1] *Selcuk Unıversıty Faculty Of Medıcıne Department Of Hematology*

Objective: A plasmacytoma is a myelomatous mass that can develop into a widespread illness, be seen alone, or be combined with multiple myeloma (MM). Bone marrow does not always indicate MM, but over the course of 4-5 years, about 50% of cases advance to this disease. In this study, we aimed to present a patient who was diagnosed with multiple myeloma and developed giant plasmacytoma despite bone marrow response during follow-up. **Case report:** During the 4th cycle, a giant plasmacytoma developed at the patient's right arm proximal humerus level.Ultrasound imaging performed on the right upper extremity was reported as 'Diffuse skin-subcutaneous thickness, increased echogenicity and linear fluid areas were observed. A large 5 × 3 cm hypoechoic nodular lesion with markedly increased blood flow was observed in the proximal medial neighborhood of the patient's incision line. Plasmacytoma continued to shrink with radiotherapy and chemotherapy **Methodology:** At the time of diagnosis, EPs are seen in around 7% of individuals with MM and are best identified by PET/CT scans; the presence of EP is linked to a worse prognosis. Later in the course of the disease, 6% more patients will get EP. Large, crimson-colored, subcutaneous masses can be a symptom of EP. The creases on the palms and/or soles may be affected by plane xanthomas, which may be a paraneoplastic condition. Rarely, cutaneous spicules made partially of the monoclonal (M) protein may form. Results **Conclusion:** We presented a case that developed a giant plasmacytoma based on multiple myeloma. This case is important because, after the diagnosis, a giant plasmacytoma developed during the 4th cycle of chemotherapy, although the patient's laboratory examinations and clinic responded to chemotherapy after 3 cycles of chemotherapy.





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Adult Hematology Abstract Categories

Platelet Diseases
PP 16

A PHASE 3 STUDY TO EVALUATE THE EFFICACY AND SAFETY OF CAPLACIZUMAB WITHOUT FIRST-LINE THERAPEUTIC PLASMA EXCHANGE IN ADULTS WITH IMMUNE-MEDIATED THROMBOTIC THROMBOCYTOPENIC PURPURA

Sriya GUNAWARDENA, MD [1], Angela HU, MD [1], Laurel A. MENAPACE, MD [1], Hikaru OKADA, MD, PhD [2], Beverly ACCOMANDO, MS [1], Julie LIN, MD [1]

[1] *Sanofi, Cambridge, MA, USA*
[2] *Sanofi, Tokyo, Japan*

Objective: Caplacizumab (CPLZ) is indicated, in combination with therapeutic plasma exchange (TPE) and immunosuppressive therapy (IST), for the treatment of immune-mediated TTP (iTTP). TPE is a mainstay of iTTP treatment but is burdensome and associated with complications. Real-world data suggest efficacy of TPE-free CPLZ regimens in iTTP, but clinical trial data is unavailable. This trial evaluates the efficacy and safety of CPLZ with IST without first-line TPE in adults with iTTP. **Methodology:** MAYARI (NCT05468320) is a Phase 3 multicenter study. Adults with a clinical diagnosis of initial/recurrent iTTP are eligible pending ADAMTS13 activity level confirmation within 48 hours of enrollment. Participants will receive CPLZ and IST. CPLZ

treatment will be continued until ADAMTS13 activity level of ≥50% at 2 consecutive visits after platelet count normalization or for up to 12 weeks, whichever occurs first; follow-up period is 12 weeks. TPE may be started after 24 hours if indicated. **Results:** The primary endpoint is the proportion of participants achieving remission without requiring TPE during the overall study period (Table). Revised outcomes definitions from the International Working Group for iTTP will be utilized (Cuker et al. *Blood.* 2021;137[14]:1855-1861). An adequate number of participants will be enrolled to ensure ≥55 participants with ADAMTS13 activity levels <10% at baseline are available for primary endpoint analysis; around 61 participants are expected to be enrolled. **Conclusion:** The current standard of care in patients with iTTP includes a combination of TPE, IST, and CPLZ. This novel study will define the efficacy and safety of CPLZ and IST without first-line TPE in adults with iTTP. This regimen would avert the risks for substantial complications associated with TPE and represents a paradigm shift in the frontline management of iTTP. This content was first presented at ASH 2022 (abstract #1174).

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Adult Hematology Abstract Categories

Other Diseases
PP 17

THE CLINICAL EFFICACY OF EPOETIN ALFA AND DARBEPOETIN ALFA IN PATIENTS WITH LOW-RISK OR INTERMEDIATE-1-RISK MYELODYSPLASTIC SYNDROME: RETROSPECTIVE MULTI-CENTER REAL-LIFE STUDY

Müzeyyen Aslaner Ak [1], Birsen Sahip [1], Ayfer Geduk [2], Mehmet Ali Uçar [3], Hacer Kale [4], Tugba Hacibekiroglu [5], Merve Gokcen Polat [2], Yasin Kalpakcı [5], Ali Zahit Bolaman [3], Birol Guvenc [3], Sehmus Ertop [1]

[1] *Department of Hematology, Zonguldak Bulent Ecevit University Faculty of Medicine*
[2] *Department of Hematology, Kocaeli University Faculty of Medicine*
[3] *Department of Hematology, Cukurova University Faculty of Medicine, Adana*
[4] *Department of Hematology, Adnan Menderes University Faculty of Medicine*
[5] *Department of Hematology, Sakarya Training and Research Hospital*

Objective: This study aimed to evaluate the clinical efficacy of epoetin alfa and darbepoetin alfa in patients with myelodysplastic syndromes (MDS) in the real-life setting. **Methodology:** A total of 204 patients with low-risk or intermediate-1-risk MDS who received epoetin alfa or darbepoetin alfa were included. Hemoglobin levels and transfusion need were recorded before and during 12-month treatment. **Results:** Hemoglobinlevelsweresignificantlyhigherateachfollowupvisitwhencomparedtobaseline levelsinbothepoetinalfaanddarbepoetinalfagroups.Transfusionneedsignificantly decreasedfrombaselineateachstudyvisitintheepoetinalfagroupandonlyatthe12thmonth visitinthedarbepoetinalfagroup.Hemoglobin levels or transfusionneedwassimilarbetween treatmentgroups. **Conclusion:** This reallife retrospective study revealed similar efficacy of epoetin alfa and darbepoetin alfa among low risk or intermediate-1 risk MDS patients with no difference in treatment response between treatment groups, whereas a likelihood of earlier treatment response in the epoetin alfa group(figure 1).

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PP 18

RETROSPECTIVE EVALUATION OF BONE MARROW FINDINGS IN AUTOIMMUNE HEMOLYTIC ANEMIAS

Eren Arslan Davulcu [1], Tarık Onur Tiryaki [2], Elif Aksoy [1], Emine Gültürk [1], İpek Yönal Hindilerden [3], Meliha Nalçacı [3], Fehmi Hindilerden [1]

[1] *University of Health Sciences Bakırkoy Dr. Sadi Konuk Training and Research Hospital, Hematology Clinic, Istanbul, Turkey*
[2] *University of Health Sciences, Şişli Hamidiye Etfal Training and Research Hospital, Department of Internal Medicine, Division of Hematology, Istanbul, Turkey*
[3] *Istanbul University Faculty of Medicine, Department of Internal Medicine, Division of Hematology, Istanbul, Turkey*

Objective: Autoimmune hemolytic anemias (AIHA) are rare disorders where autoantibodies destroy self-red blood cells. AIHA includes warm AIHA (wAIHA), cold AIHA (cAIHA or cold agglutinin disease), mixed AIHA (mAIHA), paroxysmal cold hemoglobinuria (PCH), and atypical AIHA (aAIHA) based on direct antiglobulin test (DAT) results. We studied bone marrow features and their link to disease outcomes in AIHA cases with bone marrow trephine biopsies during the disease course. **Methodology:** AIHA patients, who had bone marrow aspiration and trephine biopsy between 2005-2023, were assessed retrospectively. Data included demographics, baseline/follow-up laboratory results (HB, hematocrit, reticulocyte count/percentage, corrected reticulocyte, lactate dehydrogenase, bilirubin, haptoglobin levels, DAT results), bone marrow features (cellularity, erythroid hyperplasia, dyserythropoiesis, marrow reticulin fibrosis, lymphoid infiltrates), treatment details, response, and outcomes. **Results:** A total of 43 AIHA patients were studied (32 females), with the median age at diagnosis of 55 years. Patients with grade≥1 MF received more treatment lines (p=0.012). Reticulocytosis was less frequent in ≥MF1 group (p=0.03). Grade 0-1 MF and grade≥2 MF had no difference in treatment response (p=0.089, p=0.055); grade≥2 MF had less frequent reticulocytosis than grade 0-1 MF (p=0.024). Dyserythropoiesis had no impact on treatment or relapse (p=1, p=0.453).MF grade didn't affect relapse (p=0.503).